INITIALS

POSITION

ID NO.

DATE

FEE DETERMINATION				
O.I.P.E. CLASSIFIER		10/	11/6	1
FORMALITY REVIEW	EHP	/077	92.10-2	1
	MITN	/o Z-7- DEX OF CLAIMS	07-20-9	J
=	Rejec	cted Nved I	Non-elected	
÷	gh numeral) Cancel	ricted Aricted	Appeal Objected	
Claim Date	Claim	Date	Claim Date	
Final Photographic	19 Final Original		110 Pinal	
- 	52		112	
В	53		113	
\$ 1	55		115	
	56 57		116	+++
	58		118	
	59 60		119	+++
10 11	61		111	
12	62		112	+ + +
(4) V V	64		114	
15	65		115	
16	66		116	+++
18	68		118	
19	69		119	$\bot \bot \bot$
20 1 1 21 21 21 21 21 21	70		120	
22	72		122	
(23)	73		123	
24 25	74		125	+H
26	76		126	
27 1	77		127	
28 29	79		129	+++
30	70		130	
31 4 J	81		131	+++
33 7 (1)	83		133	
34	84		134	
35 36	85		135	+++
37	87		137	
38	88		138	+++
39 40 40 A	90	╅┼┼┼┼┼┼┼┤	139	+++
4 1	91		141	
42	92		142	$\bot \bot \bot$
43 44	93	 	144	
45	95		145	
46	96		146	+++
47	97			\bot

If more than 150 claims or 10 actions staple additional sheet here

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BEST AVAILABLE COT